

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	30		10/15
FORMALITY REVIEW	823		11/16

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date			
Final	Original	1/16/17	2/16/17	
1	✓	✓		
2	✓	✓		
3	0	0		
4	0	0		
5	0	0		
6	0	0		
7	✓	✓		
8	✓	✓		
9	✓	✓		
10	✓	✓		
11	✓	✓		
12	✓	✓		
13	✓	✓		
14	✓	✓		
15	✓	✓		
16	✓	✓		
17	✓	✓		
18	✓	✓		
19	✓	✓		
20	✓	✓		
21	✓	✓		
22	0	0		
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26	✓	✓		
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Claim	Date			
Final	Original	1/16/17	2/16/17	
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Claim	Date			
Final	Original	1/16/17	2/16/17	
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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